



Township of Westampton

710 Rancocas Road Westampton, NJ 08060

Phone: (609) 267-1891

Fax: (609) 267-7398

THIS FORM MUST BE FILLED OUT AND HANDED TO THE VETERINARIAN BEFORE YOUR PET CAN GET THE RABIES VACCINE. YOU MUST SHOW PROOF OF A PRIOR RABIES SHOT IN ORDER TO RECEIVE A CERTIFICATE GOOD FOR 3 YEARS, IF NOT, THE CERTIFICATE WILL BE WRITTEN FOR 1 YEAR ONLY.

Please fill out all information on this form and submit at the Rabies Clinic. Remember to attach a self-addressed, stamped envelope. We will mail you your original rabies vaccination certificate. If you don't provide a stamped envelope, we will email a copy or you will have to come to the Municipal Building to pick it up. Please print neatly.

Owners Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Species: dog cat

Name of dog/cat: _____ Color: _____

Breed: _____

Sex: male female

Spayed or Neutered: yes no

Weight: under 20 lbs. 20-50 lbs. over 50 lbs.

First Rabies vaccine: yes no

Date of last Rabies vaccine: _____ Westampton 2021 Dog License # _____